

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/5/04</u>		2 Serial/Patent # <u>09/913,511</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
✓	Extension of Time	9	4/27/04	\$ 475							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 475							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
✓	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>2</td><td>--</td><td>3</td><td>6</td><td>9</td><td>0</td></tr></table>			0	2	--	3	6	9	0
0	2	--	3	6	9	0					
extension filed after extendable period											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Refund Examiner</u>									
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: <u>305-9282</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelly</u>		DATE: <u>5/6/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**